



## Sumter County Building Department Licensing Division

910 N. Main St. Ste. 301

Bushnell, FL 33513

Phone: (352) 793-0270 Ext. 2350

Fax: (352) 568-6657

On the Web: [www.sumtercountyfl.gov/plandevlop/building/index.htm](http://www.sumtercountyfl.gov/plandevlop/building/index.htm)

### Application Procedures

1. To reciprocate exam scores into Sumter County, complete the attached application and supply the following: (a-i)
2. To request Sumter County to sponsor you to sit for an exam from the trade categories, complete the attached application and supply the following: (b-i)
3. To apply for a specialty trade, complete the attached application and supply the following: (b-i)
  - a. **Letter of Reciprocity:** You must arrange with the reciprocal County or Municipality in Florida, which sponsored your original Block & Associates/Exterior examinations. Please have them mail us a letter of reciprocity verifying that you achieved at least 75% on those examinations. All contractors are required to take the Business & Law exam after February 1, 1993.
  - b. **Fee:** \$100.00 – Credit card, cash, check, or money order payable to: **BOCC SUMTER COUNTY**. Check must contain your address and phone number. (**Payment is non refundable**)
  - c. **Identification:** Submit a clear copy of your driver license or a state identification card with photograph.
  - d. **Certificate of experience:** Document (s) must reflect active experience and show a minimum of four (4) years experience. In order to verify an applicant's experience, the Board requires evidence as to active experience from practicing contractors in the field for which the applicant is applying, or a General, Building, or Residential Contractor. The contractor documenting experience must include his/her certification number and attach a copy of his/her contractor's license or business license and a copy of his/her driver license or state identification for identification purposes. If a contractor completes a certificate of experience and a letter of reference, the Licensing Board will consider both letters as one.
  - e. **Three Letters of Recommendation:** Letters must reflect work related experience for the trade applicant is applying for from three different categories listed below. Architect, Consumer, County or City Building & Zoning Department, Engineer, Lenders involved in construction loan business, Licensed contractor in any of the categories covered by this ordinance, from Sumter County or another County, Material Sales person, Material Supply Business, Other persons or entities as approved by the Licensing Board and Savings and Loan Institution.
  - f. **Credit Report (s):** Applicant must request a business and personal credit report (s) from an accredited credit bureau. The credit report must reflect that a search of public records; county, state, and federal was completed. Please have credit-reporting agency mail credit report (s) directly to our office. The credit report (s) cannot be over six (6) months old. A list of reporting agencies is attached with this application.

- g. **Corporation or Fictitious Name:** If you are qualifying as a corporation or a fictitious name you must furnish proof.
  - h. **Officer or Partner form:** Complete the officer or partner responsibility form: Supplied with application. (If applicable)
  - i. **Zoning information form for contractor licensing** (for Sumter County Residents only) Zoning confirmation for Sumter County contractor.
3. Submit the application to the Sumter County Licensing Division. When the application is complete and the fee paid, your application will be schedule for the next License Board meeting.
4. The day after the meeting, the applicant needs to contact the Licensing Division to start the process of obtaining a Sumter County Competency Card. The following information will be required:
- j. Copy of your State License (if applicable)
  - k. Copy of your Qualifying Business License (if applicable) **If you are a contractor licensed under F.S. Chapter 489, Part I and II, and you are operating as a business organization, including a partnership, corporation or other legal entity, you must apply for a qualified business license (also known as a certificate of authority). Please contact the Department of Business and Professional Regulation. This requirement is contained in Florida Statutes Section 489.119.**
  - l. Liability and Worker Compensation Insurance: Proof of insurance for general, building, and electrical contractor is \$300,000 general liability and \$50,000 property damage insurance. All other license categories require \$100,000 general liability insurance and \$25,000-property damage. The applicant must provide proof of workers' compensation insurance as required by Florida Statues. All certificate of insurance must be in the exact name of business being qualified and list the Sumter County Building Department, 910 North Main Street Suite 301, Bushnell, FL 33513, as the certificate holder.
  - m. An examination fee of \$125.00 is required for Sumter County to sponsor you for the exam. After the Licensing Board, approves your application there will be an additional fee charged by the testing company.

ONCE ALL OF THE APPLICABLE STEPS ABOVE ARE COMPLETED, THE LICENSE WILL BE IN AN "ACTIVE" STATUS AND THE APPLICANT WILL BE ABLE TO PERFORM WORK IN THEIR TRADE.

# Board of County Commissioners

## Division of Planning & Development

### Planning Services

910 N. Main Street, Suite 301 • Bushnell, FL 33513 • Phone (352) 793-0270 • FAX: (352) 793-0274  
SunCom: 665-0270 • Website: <http://sumtercountyfl.gov/plandevlop>



### (Sumter County Residents Only) Zoning Information for Contractor Licensing

**Applicant Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Intended Use:** \_\_\_\_\_

#### Onsite Storage of Materials:

☐ Yes ☐ No

**Employees:** (Account for only those employees that come to the business address)

☐ Yes # \_\_\_\_\_ ☐ No

\_\_\_\_\_  
Applicant signature

#### For Office Use Only

Parcel #: \_\_\_\_\_

Zoning: \_\_\_\_\_

Future Land Use: \_\_\_\_\_

☐ Approved ☐ Not Approved

\_\_\_\_\_  
Zoning Technician Signature

\_\_\_\_\_  
Date

#### CONDITIONS OF APPROVAL FOR EXEMPTION:

- The business must be conducted entirely within the enclosed living area portion of the residence.
- No sign advertising the home occupation may be placed on the property.
- No advertising, other than business cards, may be done which contains the physical location of the home occupation.
- Any increase in traffic to the property, that is attributable to the home occupation, shall be limited to two (2) trips (1 trip to and 1 trip from the premises) per day.



## Construction Industry Licensing Board of Sumter County

910 N. Main St. Ste. 301

Bushnell, FL 33513

Phone: (352) 793-0270 Ext. 2350

Fax: (352) 568-6657

On the Web: [www.sumtercountyfl.gov/plandevlop/building/index.htm](http://www.sumtercountyfl.gov/plandevlop/building/index.htm)

Date received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date temporary letter issued: \_\_\_\_\_ Meeting date: \_\_\_\_\_

Zoning for Sumter County residence checked by: \_\_\_\_\_

Competency card number issued \_\_\_\_\_ Date competency card issued \_\_\_\_\_

Comments from Board: \_\_\_\_\_

### ABOVE FOR LICENSING DEPARTMENT OFFICE USE ONLY

\*\*\*\*\*

### APPLICATION FOR COMPETENCY CARD

The Construction Industry Licensing Board meets at Sumter County Government Complex on the first Tuesday of every month in room 142 at 6:00 PM.

The complete application and credit report (s) are due by the 2nd Tuesday of the month to be on the agenda for the regularly scheduled board meeting the following month. Failure to submit a complete application with supporting documentation will result in a delay of the processing of your application.

### PLEASE TYPE OR PRINT ALL INFORMATION

**F.S. 489, Part I & Part II Trade Categories: Check which trade pertains to you and if you request to sit for exam.**

<input type="checkbox"/>	Request Exam	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Electrical Sign	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Commercial Pool/Spa
<input type="checkbox"/>	General	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Air Conditioning "A"	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Residential Pool/Spa
<input type="checkbox"/>	Building	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Air Conditioning "B"	<input type="checkbox"/>	Sheet Metal	<input type="checkbox"/>	Specialty Structure

### Specialty Categories: Check which trade pertains to you.

<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>	Sign (non electrical)
<input type="checkbox"/>	Concrete/Masonry	<input type="checkbox"/>	Concrete Placing & Finishing	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	Stucco, Lath & Plastering

- Applicant's Full Name: \_\_\_\_\_
- Name of Business or Company \_\_\_\_\_
- Business Address: \_\_\_\_\_ Office Phone # \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Fax# \_\_\_\_\_
- E-Mail: \_\_\_\_\_ Cell # \_\_\_\_\_  
(If applicable)
- Web Address: \_\_\_\_\_ Direct connect # \_\_\_\_\_  
(If applicable)
- State Registration # \_\_\_\_\_ FEIN # \_\_\_\_\_
- Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Citizen of the United States? 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

The following checklist is for your use. Check each items below as you complete your application.

Check	Check list
a.	Letter of Reciprocity (If applicable) Minimum score of 75%
b.	Fee: \$100.00 payment is non refundable
c.	Identification: Submit a clear copy of your driver license or a state identification card with photograph on it.
d.	Certificate of experience: Documenting four years of active experience.
e.	Three letters of recommendation
f.	Credit Report (s): Personal and Business (Sent directly from credit reporting agency)
g.	Copy of Corporation or Fictitious Name papers
h.	Officer or Partner statement for responsibility: Supplied with application.
i.	Zoning confirmation for Sumter County contractor.

Name of current Employer	Telephone Number
Employer Address	City State Zip Code
Position Held	Length of employment

**List the COUNTIES or CITIES you hold a competency card an your competency card number**

County/Cities	#	County/Cities	#	County/Cities	#

**PLEASE CHECK WHICH OF THE EDUCATIONAL/EXPERIENCE REQUIREMENTS QUALIFY YOU:**

\_\_\_ An associate degree from an accredited two year college in an appropriate field of engineering, architecture or building construction (Please attach a copy of official college transcript of a copy of diploma) and a minimum of two (2) years of proven experience in the category in which you seek to qualify or

\_\_\_ A minimum of four (4) years of active experience as a workman who has learned the trade by serving as an apprentice and skilled workman, in that particular trade for a minimum one (1) year, or who has served as a foreman in charge of a group of workmen for a minimum of one (1) year.

FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONS	
<b>Indicate your response by Checking "Yes" or "No" to any of the questions below, if you answer Yes to any of the questions you must provide an explanation. The Qualifying Agent must answer and sign the financial responsibility questionnaire:</b>	
1. Have you ever been refused a certificate of competency or other professional license, or had such a license suspended or revoked in the State of Florida or any other State?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
2. Have you during the past five years had more than three business complaints filed against you or a business you owned or managed, through a trade association, a Better Business Bureau, or other non Governmental agency?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
3. Has any federal, state, county, or other governmental agency filed any business, civil, or criminal complaints against you during the past five years?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
4. Have you ever failed to complete a construction contract?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
5. Are there any outstanding labor or material liens against you or your company?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
6. Have you been charged with or convicted of acting as a contractor without a license by any state, county or municipality?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>
7. Have you as a licensed contractor in this or any other state, been subject to any disciplinary action by state, county or municipality?	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Yes <input type="checkbox"/></span> <span>No <input type="checkbox"/></span> </div>

**A partner or an officer of the company must complete affidavit form below.  
Applicant is not to complete this section.**

I hereby certify that \_\_\_\_\_ (**applicant name**) is legally qualified to act on behalf of the business organization seeking to be certified, in all matters connected with its contracting business. In addition, he/she has full authority to supervise construction undertaken by him/her or such business organization and that he/she will continue during this certification to be able to bid said business organization. If at any time during this certification, he/she ceases to be able to bid or act for the business organization, he/she will immediately notify the Sumter County Construction Industry Board in writing within seven (7) days of such termination.

Any willful falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification.

\_\_\_\_\_  
Signature of Partner/Officer (Someone other than qualifier)

State of Florida  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) Print name of Partner or Officer

He/she is personally know to me or has presented

\_\_\_\_\_  
(Type of identification)

\_\_\_\_\_  
Notary (Signature)

Notary Seal

\_\_\_\_\_  
Notary (Print)

## Documentation of Experience

### PRINT OR TYPE

**Document (s) must reflect active experience and show a minimum four (4) years of experience.** In order to verify an applicant's experience, the Board requires evidence as to active experience from practicing contractors in the field for which the applicant is applying or a General, Building or Residential Contractor.

The contractor must include his/her certification number and attach a copy of his/her contractor's license from DBPR or a copy of his/her competency card license from a County or City (not occupational license) and a copy of his/her driver license or state identification for identification purposes. All out of state contractor must submit his/her certification number and attach a copy of his/her contractor's license or a copy of his/her competency card license from a County or City (not an occupational license) and a copy of his/her driver license or state identification for identification purposes.

Alterations of any kind will void the verification form: (This is not for use as a character reference)

Construction Industry Licensing Board  
of Sumter County  
910 N. Main Street Suite 301  
Bushnell, FL 33513  
352 793-0270 ext: 2350

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City St. Zip Code

\_\_\_\_\_  
Classification

Date: \_\_\_\_\_

\_\_\_\_\_  
**Person verifying information (Print Name)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
List: State Registration #/ State Certified #/ Competency Card #  
**(Which applies)**

I, \_\_\_\_\_, certify that I have **employed or sub-contracted** to:

**Person verifying information (Print Name)**

**(CIRCLE ONE)**

Month 19 \_\_\_\_\_ Month 19 \_\_\_\_\_

from \_\_\_\_\_ 20 \_\_\_\_\_ To \_\_\_\_\_ 20 \_\_\_\_\_

**Applicant name (Print Name)**

And that I know of my own direct knowledge that said applicant was employed as follows:

Describe in detail work performed. **(Be specific):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The total time employed in a supervisory capacity was \_\_\_\_\_.

Month or Year  
(Circle, which applies)

State of \_\_\_\_\_

**X**

County of \_\_\_\_\_

\_\_\_\_\_  
**Signature of person documenting experience**

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Person verifying information)

He/she is personally know to me or has presented.

\_\_\_\_\_  
(Type of identification)

Notary Seal

\_\_\_\_\_  
Notary (Signature)

\_\_\_\_\_  
Notary (Print)

## STATEMENT OF QUALIFIER'S RESPONSIBILITY

In making application to qualify as a sole proprietor, partnership or corporation, I understand that I, as qualifying agent, am completely responsible for the actions of said entity as they relate to its construction business. I will actively supervise all construction work and be responsible for ascertaining all such work is complete according to approved plans, applicable codes, and good construction standards. I will immediately notify the Sumter County Construction Industry Licensing Board if I sever connections with the partnership or corporation concerned in this application, or I am no longer actively supervising the construction work.

Further, I understand that the Sumter County Industry Licensing Board, by the authority granted to it in ordinance 2002-8, holds the qualifying agent responsible for the supervision of job sites as well as all financial aspects of the entity's construction business including, but not limited to, payment to suppliers, payment to employee and payment of applicable federal and state taxes.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Print Name of qualifying agent

\_\_\_\_\_  
Signature of qualifying agent

\_\_\_\_\_  
Title/Position in the firm

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was subscribed before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ who is personally known to me or  
Print Name

\_\_\_\_\_ who has produced \_\_\_\_\_ as identification.  
(State what type of identification seen)

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Expiration date of commission

\_\_\_\_\_  
Notary's print name

SEAL \_\_\_\_\_

**APPEALS: NECESSITY OF RECORD:** Any person who decides to appeal any decision made by the Construction Industry Licensing Board shall be required to have a verbatim record of the proceedings. The licensing board assumes no responsibility for furnishing the records.



## Construction Industry Licensing Board

### Acceptable Credit Reporting Agencies

(This listing is not all-inclusive. You may submit credit reports from agencies not on this list, so long as they meet the criteria listed in 61G4-12.001 (12) & 61G6-5.003 (2) (b), (Florida Administrative Code))

Credit Check, Inc.	877-616-5556	West Palm Beach	FL
USA Credit Bureau	888-474-2270	Crystal River	FL
Network Credit Services	813-685-5678	Brandon	FL
Supreme Credit Information Services	305-665-3315	Coral Gables	FL
First Federal Credit Bureau	352-795-4055	Crystal River	FL
Credit Bureau Services, Inc	954-561-1400	Fort Lauderdale	FL
Lumbermen's	954-771-2100	Fort Lauderdale	FL
Merit Credit	800-371-3348	Fort Meyers	FL
C.B. Services Credit Bureau	850-862-2134	Fort Walton Beach	FL
CBJ Associates Inc	904-723-5533	Jacksonville	FL
Choice Point	800-285-3984 x 3742	Jacksonville	FL
Credit Search	561-791-9458	Lantana	FL
A. & A. Credit Corp.	305-252-6030	Miami	FL
Merchant's Association	305-654-6600	Miami	FL
Premium Credit Bureau	305-468-1560	Miami	FL
Background Search Specialists	407-207-9595	Orlando	FL
National Association of Credit Management	407-299-7491	Orlando	FL
Dragnet Credit & Tenant Screening	386-676-7733	Ormond Beach	FL
MacData Advantage Inc.	386-672-5277	Ormond Beach	FL
Advantage Credit	800-296-5050	Out of State	
CBA Information Solutions	800-596-9355	Out of State	
Credit Plus, Inc.	818-331-1048	Out of State	
Credit Profile & Security Corp.	800-601-6040	Out of State	
Credit Bureau of Escambia	850-455-9541	Pensacola	FL
Gulf Credit Services	850-434-0884	Pensacola	FL
Associated Credit Reporting	800-676-7640	Plantation	FL
Preferred Credit Services	800-741-7064	Port St. Lucie	FL
Building Supply Credit Assn of Sara-Mana Inc	800-780-6657	Sarasota	FL
Check Mate	941-922-2801	Sarasota	FL
AMI – North Florida Credit	800-766-2226	St. Augustine	FL
Contractors Reporting Service	800-487-2084	Tampa	FL

*Disclaimer: The Sumter County Construction Industry Licensing Board cannot recommend or endorse a particular credit-reporting agency. The list provided above includes all of the agencies that we are aware of that currently meets The Department of Business and Professional Regulation Board reporting requirements. This list is provided solely as a courtesy to assist you in locating resources. The Department specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed above.*



**Division of Planning & Development  
Building Services Department**

910 N. Main Street, Suite 301  
Bushnell, FL 33513

<http://sumtercountyfl.gov/plandevelop>

**Bushnell Office**

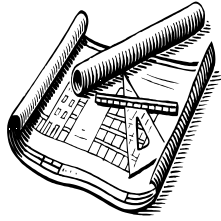
**Phone:** (352) 793-0270

**Fax:** (352) 793-0274

**Village Annex Office**

**Phone:** (352) 753-0848

**Fax:** (352) 753-0774



To Schedule Inspections: (352) 569-6060

---

## **Sumter County Social Security Number Collection Resolution**

On February 12, 2008, the Board of County Commissioners adopted a resolution which directed this written statement be provided to any individual when his/her **Social Security Number** is collected by Sumter County.

- *“The Sumter County Commission, through its subdivisions, collects your Social Security Number for the following purposes: identification and verification; credit worthiness; billing and payment; data collection, reconciliation, tracking, background checks, victim reports, benefit processing, program eligibility analysis and tax reporting. Social Security Numbers are also used as a unique numeric identifier and may be used for such purposes.”*

If you have any questions regarding this matter, please contact the Human Resources Department.

